



Clay County Courthouse  
1 Courthouse Square  
Liberty, Missouri 64068

## CLERK OF THE COMMISSION CLAY COUNTY, MISSOURI

An application **MUST** be completed  
for **EACH** business location.

### Wrecking & Towing Service License Supplemental Application

Business conducts more than 50% of its wrecking & towing within the county,  
and/or is physically located in Clay County.

**Megan Thompson**  
County Clerk  
Phone: (816) 407-3570  
Fax: (816) 407-3571

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- ☐ **CURRENT COPY** of paid Clay County Personal Property Tax Receipt (December taxes due prior to 1<sup>st</sup> of year submitting)
- ☐ **INSURANCE REQUIREMENTS** (Copy of Certificate of Insurance for Business and **EACH** vehicle **AND** garage location showing liability limits **MUST BE** attached):

Coverage Required:	Bodily Injury Liability	\$100,000 each person / \$300,000 each accident
	Property Damage Liability	\$100,000 each accident
	Garage Keeper Liability	\$100,000 per location

- ☐ **I ACKNOWLEDGE THAT THE ABOVE LISTED BUSINESS HAS PROVIDED WORKERS' COMPENSATION INSURANCE FOR ALL EMPLOYEES, if required by RSMo Chapter 287.** (Initial Here as acknowledgement) \_\_\_\_\_
- ☐ Complete Wrecker & Tow Service Vehicle Information Form for **EACH** vehicle owned by business.  
(Form provided on reverse side of application and copies of form may be used as needed.)
- ☐ Review invoice included based upon prior years submission. Please review and correct as necessary before submitting.  
**ENCLOSE PAYMENT** in the amount(s) of **\$75.00 per business location; \$25.00 per vehicle, and \$3.00 Administration Fee** to be made payable to the Clay County Clerk, 1 Courthouse Square, Liberty, MO 64068.

**I ACKNOWLEDGE THAT THE WRECKER AND/OR TOW SERVICE BUSINESS DESCRIBED IN THIS APPLICATION IS REGISTERED WITH THE UNITED STATES DEPARTMENT OF TRANSPORTATION.**

Applicant Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**If you feel that you do not require this license please complete this affidavit portion and submit for review. An affidavit submission does not mean you are waived of any fees until approved by the County Clerk's office. YOU MUST complete the business contact information above before the affidavit will be reviewed as submitted.**

#### **AFFIDAVIT**

I, \_\_\_\_\_, hereby certify that my business (as noted above) currently does not require an Wrecking & Towing Service license as defined by Ordinance 1997-ORD-30 as of this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, due to,

\_\_\_\_\_  
\_\_\_\_\_

If my status should change I understand that I will be required to purchase this license in order to comply with the above Ordinance.

Applicant Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Vehicle #1 Owner:** \_\_\_\_\_

V.I.N. \_\_\_\_\_

Make/Model of Vehicle \_\_\_\_\_ Gross Vehicle Weight \_\_\_\_\_

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: \_\_\_\_\_

I hereby acknowledge that the operator(s) of this wrecker & tow vehicle  
is properly licensed and authorized by this entity. *(Initial Here as acknowledgement)* \_\_\_\_\_

**Vehicle #2 Owner:** \_\_\_\_\_

V.I.N. \_\_\_\_\_

Make/Model of Vehicle \_\_\_\_\_ Gross Vehicle Weight \_\_\_\_\_

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: \_\_\_\_\_

I hereby acknowledge that the operator(s) of this wrecker & tow vehicle  
is properly licensed and authorized by this entity. *(Initial Here as acknowledgement)* \_\_\_\_\_

**Vehicle #3 Owner:** \_\_\_\_\_

V.I.N. \_\_\_\_\_

Make/Model of Vehicle \_\_\_\_\_ Gross Vehicle Weight \_\_\_\_\_

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: \_\_\_\_\_

I hereby acknowledge that the operator(s) of this wrecker & tow vehicle  
is properly licensed and authorized by this entity. *(Initial Here as acknowledgement)* \_\_\_\_\_

**Vehicle #4 Owner:** \_\_\_\_\_

V.I.N. \_\_\_\_\_

Make/Model of Vehicle \_\_\_\_\_ Gross Vehicle Weight \_\_\_\_\_

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: \_\_\_\_\_

I hereby acknowledge that the operator(s) of this wrecker & tow vehicle  
is properly licensed and authorized by this entity. *(Initial Here as acknowledgement)* \_\_\_\_\_

**Vehicle #5 Owner:** \_\_\_\_\_

V.I.N. \_\_\_\_\_

Make/Model of Vehicle \_\_\_\_\_ Gross Vehicle Weight \_\_\_\_\_

U.S. DEPARTMENT OF TRANSPORTATION NUMBER: \_\_\_\_\_